# International Education Agent Application Form

This form is to be completed by a person authorised to act on behalf of the organisation.

* Please complete this form and submit via return email with all required evidence for processing to internationalteam@endeavour.edu.au
1. Company Details

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| Company / Business Name Click here to enter text. |
| Trading Name Click here to enter text. |
| Abbreviation of Business Name Click here to enter text. |
| Company / Business Registration Number Click here to enter text. |
| Name of CEO Click here to enter text. |
| Place of Registration Click here to enter text. |

1. Business details

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| Business Address Click here to enter text. |
| Phone Click here to enter text. |
| Email Click here to enter text. |
| Website Click here to enter text. |

1. business profile

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| Main Business Activities Click here to enter text. |
| Years Established Click here to enter text. |
| Number of Staff Click here to enter text. |
| Number of Advisers/Counsellors Click here to enter text. |
| Number of Offices Click here to enter text. |
| Location of International Offices Click here to enter text. |

1. directors and key personnel details

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| **Personnel - 1** Name Click here to enter text. |
| Position Click here to enter text. |
| Qualifications and Previous Experience Click here to enter text. |
| Membership of Education Agent Professional Bodies Click here to enter text. |
| **Personnel - 2** Name Click here to enter text. |
| Position Click here to enter text. |
| Qualifications and Previous Experience Click here to enter text. |
| Membership of Education Agent Professional Bodies Click here to enter text. |
| **Personnel - 3** Name Click here to enter text. |
| Position Click here to enter text. |
| Qualifications and Previous Experience Click here to enter text. |
| Membership of Education Agent Professional Bodies Click here to enter text. |

1. agency performance details

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| How many Australian Educational Institutions are you currently representing Click here to enter text. Please provide details of each below. |
| 1. Click here to enter details
2. Click here to enter details
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| Please list the total number of students referred to Australian Educational Institutions in the following areas in the last two (2) years. Click here to enter text. |
| Please list the ELICOS & ESL Courses 1. Click here to enter details
2. Click here to enter details
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| Please list the Vocational Courses 1. Click here to enter details
2. Click here to enter details
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| Please list the Undergraduate Courses 1. Click here to enter details
2. Click here to enter details
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| Please list the Postgraduate Courses 1. Click here to enter details
2. Click here to enter details
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1. COMPLIANCE REQUIREMENTS AND DETAILS

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| Please provide a brief explanation regarding how you and your organisation fulfils your responsibilities as agents with reference the implied responsibilities of education agents as set out in the *National Code 2018* (Cth). Standard 4.  Click here to enter text. |
| Have you or any of your staff completed the Education Agents Training Course (EATC) available on [https://eatc.onlinetrainingnow.com/courses/education-agent-training-course?](https://eatc.onlinetrainingnow.com/courses/education-agent-training-course) Provide details: Click here to enter text. |
| Do you have the knowledge and a good understanding of the requirements of the ESOS Act (Cth) and *National Code 2018* (Cth)?Yes [ ]  or No [ ] How could you provide evidence that ‘Yes’ you do? Click here to enter text. |
| Do you regularly monitor the Department of Home Affairs website? Yes [ ]  or No [ ] How could you provide evidence that ‘Yes’ you do? Click here to enter text. |
| Do you regularly monitor the Department of Education and Training website?Yes [ ]  or No [ ] How could you provide evidence that ‘Yes’ you do? Click here to enter text. |
| What is the primary purpose of a student visa, as you understand it and advise potential students about coming to Australia?Click here to enter text.How could you provide evidence of this? Click here to enter text. |
| Are you willing to comply with the requirements of the College regarding advertising? Yes [ ]  or No [ ]  |
| Are you willing to comply with the requirements of the College regarding course materials and application procedures, and provide accurate information to students? Yes [ ]  or No [ ]  |
| Are you prepared to use materials by the College to promote its courses Yes [ ]  or No [ ]  |

1. DESCRIPTION OF POTENTIAL MARKET & SERVICES

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| Which are your target markets? Please describe any strengths you have in these markets. Click here to enter text. |
| What do you believe is the most effective marketing strategy to use in your area, region or market? Click here to enter text. |
| Please outline the support services you can offer students Click here to enter text. |
| Do you charge students any service fees? Yes [ ]  or No [ ]  If YES, please provide details of what you charge and for what service/s.Click here to enter text. |
| Please provide any other information you consider to be of importance to this application and marketing to students. Click here to enter text. |

1. REFERENCE CHECK

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| Please list the names and contact details of three (3) academic referees |

## REFEREE for EDUCATIONAL INSTITUTION - ONE

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| Main Contact Person Click here to enter text. |
| Position Click here to enter text. |
| Contact Phone Number Click here to enter text. |
| Email Click here to enter text. |

## REFEREE for EDUCATIONAL INSTITUTION - TWO

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| Main Contact Person Click here to enter text. |
| Position Click here to enter text. |
| Contact Phone Number Click here to enter text. |
| Email Click here to enter text. |

## REFEREE for EDUCATIONAL INSTITUTION - THREE

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| Main Contact Person Click here to enter text. |
| Position Click here to enter text. |
| Contact Phone Number Click here to enter text. |
| Email Click here to enter text. |

1. DECLARATION

I (the undersigned), declare that: *(tick each)*

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|[ ]  I have read and understood my responsibilities under the *National Code 2018* (Cth) *Standard 4 – Education Agents,* and the proposed Education Agent Agreement with the College. |
|[ ]  The answers and details provided in this application are true and accurate to the best of my knowledge. |
|[ ]  I authorise the College to approach referees to collect any information or details as the College may require. |
| Name Click to enter text.Position Click to enter text. |
| Signature Click to enter name for signature. | Date Select date. |

1. AGENT CHECKLIST

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| Please attach copies of the following documents: |
|[ ]  Company/Business registration certificate |
|[ ]  Business profile |
|[ ]  Details of Educational Institutions currently represented |
|[ ]  Other relevant materials |

The Australian College of Natural Medicine Pty Ltd (ACNM) trades as Endeavour College of Natural Health, and Endeavour Wellness Clinic. For the purpose of this document, any reference to ‘College’ or ‘the College’ should be considered a reference to each or any of these respective trading names.

Privacy Policy: All personal information collected, used or disclosed by the College is confidential and is protected by the *Privacy Act 1988* (Cth), the *Information Privacy Act 2000* (Vic) and other relevant Australian legislation. Information about Agents or Students may be made available to Commonwealth and State Agencies if requested.

The College reserves the right not to proceed with providing an International Education Agent Agreement for reasons it may see fit to apply.

#### Office Use Only

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| Date Received Click here to enter a date. | Received by Click here to enter text. |
| Processed by Click here to enter text. | Referee checks completed Yes [ ]  / No [ ]  |
| Outcome of referee checks Click here to enter text. |
| Approved to create an Agent Agreement [ ]  or Denied [ ]  Reason for denial Click here to enter text. |
| Signed: Click here to enter text. Date: Click here to enter text. |